

Application Data Sheet

Application Information

Application number::
Filing Date:: 10/03/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R???:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)??:
Number of copies of CRF::
Title:: METHODS FOR TREATING CANCER BY
INHIBITING WNT SIGNALING
Attorney Docket Number:: 023070-125630US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 18
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Peoples Republic of China
Status:: Full Capacity
Given Name:: Biao
Middle Name::
Family Name:: He
Name Suffix::
City of Residence:: San Mateo
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3222 Glendora Drive, Apt. 208
City of Mailing Address:: San Mateo
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94403

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Liang
Middle Name::
Family Name:: You
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2286 15th Avenue
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94116

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Zhidong

Middle Name::

Family Name:: Xu

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 3226 Ortega Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94122

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: M.

Family Name:: Jablons

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1620 Diamond Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94131

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/ _____ (converted from 10/264,825)	10/04/02
and this Application	An Appn claiming benefit under 35 USC 119(e) of	60/491,350	07/31/03

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::